

DATF.	



MEMBERSHIP APPLICATION

NAME:		BIRTHDAY:
JOINT MEMBER NAME:		BIRTHDAY:
CITY:	STATE:	ZIP:
PHONE (HOME): () (WORK): ()	EMAIL ADDRESS:	
EMPLOYEEMENT: SELF:	SPOUSE: _	
ANNIVERSARY:		
CHILDREN / BDAYS:		
DESCRIPTION OF CORVETTE(S) (I.E. YEAR, COU		
FOR	WORTH TEX	AS
W	G G	
CHECK ALL THAT IS OF INTEREST: SOCIALS	□ RALLIES □ CONCOURS (CAR SHO	WS) DRAGS AUTOCROSS/KHANA
OTHER HOBBIES, INTERESTS OR TALENTS:		
HAVE YOU BEEN OR ARE YOU A MEMBER OF AN		3?
IF SO, WHICH CLUB AND WHERE?		
HOW DID YOU FIND OUT ABOUT COWTOWN VE	TTTES?	
BELOW TO		
CANDIDATES MUST ATTEND 3 CTV FUNCTIONS TO BE E		
MEETINGS ATTENDED:		
EVENTS/SOCIALS ATTENDED:		
DATE VOTED IN AS NEW MEMBER:		
I AGREE TO COMPLY WITH THE REQUIREMENTS OF THE CONSTITUTI		
SIGNATURE:		DATE:
SIGNATURE:		DATE: